



County of Orange Health Care Agency ❖ Public Health

CALIFORNIA CHILDREN SERVICES

200 W. Santa Ana Blvd., Suite 100, Santa Ana, CA 92701-4134

PHONE: (714) 347-0300 ❖ FAX: (714) 347-0301

www.oc.ca.gov/hca/public/ccs.htm

PROGRAM APPLICATION

This application must be completed by the parent, legal guardian or applicant, if 18 years of age or older, and returned to the above address. The term **applicant** means the patient for whom services are being requested.

1. Name of Applicant/Patient/Child:

Last First Middle

2. Birth Certificate Name:

Last First Middle

3. Home Address:

Number Street Apt. #

City State Zip Code

4. Also Known As (AKA):

5. Sex: ☐ Female
☐ Male

6. Telephone Number: () _____

7. Language Spoken: _____

8. Date of Birth: _____

9. Place of Birth: _____

10. Social Security #: _____

11. Medi-Cal #: _____

12. Name of Parent/Legal Guardian and Date of Birth:

Mother Date of Birth Father Date of Birth

13. Address: **(If different than applicant)**

Number Street Apt. #

City State Zip Code

14. Name of Insurance:

16. Telephone Number: () _____

15. Healthy Families Plan:

17. Ethnicity of Applicant: *(Check applicant's ethnic background)* **OPTIONAL**

☐ White ☐ Black ☐ Hispanic/Latin ☐ American Indian
☐ Filipino ☐ Asian ☐ Other Non-White ☐ Other: _____

I am applying for CCS and certify that the information I have provided is true and correct to the best of my knowledge. I understand that the completion of this application does not ensure acceptance of the applicant by CCS. I give permission to verify my residence, medical information, financial information, health insurance and other circumstances required for application to CCS. I agree to use all available health insurance coverage for diagnostic and treatment services before CCS funds are used. I agree to immediately notify CCS of changes in insurance coverage and involvement in a personal injury matter, including attorney representation and court dates.

Your signature below authorizes CCS to proceed with the application.

X

Signature of Parent/Legal Guardian/Applicant

Relationship to Applicant

Date